



DiscoverHealth

Open Enrollment for City of Houston employees

Health Flexible Spending Account

Save some lunch money

The Healthcare Flexible Spending Account allows you to stretch your budget further. The HFSA is a voluntary pretax benefit plan that allows you to set aside money from your paycheck to be used to pay the out-of-pocket medical, prescription, dental and vision expenses that you and your dependents incur.

Why signing up for the HFSA is a good idea

You never pay taxes on the money you put in your account giving you more bang for your buck when you use pretax money to reimburse qualified health care expenses.

What's new this year?

- * Reimbursement from your Healthcare Flexible Spending Account is easier with the AFLAC NOW card

What expenses are reimbursable?

- * Copayments, coinsurance and insurance deductibles for prescriptions and for medical, dental and vision services
- * Orthodontia and dental expenses
- * Eye glasses, contact lenses and contact-lens solution
- * Items and services that you can deduct from your income tax, according to Internal Revenue Code 213

Want more information? Go online to find:

- * An in-depth list of reimbursable expenses
- * Examples of employee savings
- * Step-by-step instructions on how the plan works
- * An in-depth list of reimbursable expenses, and more

HFSA at a glance

Minimum contribution: \$240 a year
Maximum contribution: \$2,500 a year
Plan year: May - April
Incur claims: May 1 - April 30
File claims: July 29
Administrator: FLEXONE



www.houstonhumanresources.org

HFSA worksheet for estimating expenses for May - April

Now that you're curious, take a few minutes with this worksheet and calculate how much you could contribute to the HFSA. Make a couple of copies to play with.

Use your checkbook, credit card statement, the old receipt-filled shoebox, and last year's income tax folder to find all the expenses that could be tax-deductible. Those are the expenses that would qualify for HFSA reimbursement. Use these expenses to calculate what you might spend from May to April. Eligible expenses can be incurred by you and your legal dependents.

It may take a little time to find last year's expenses and to put them in this worksheet, but it could make a difference in your paycheck.

Annual estimated expenses for services expected in the upcoming plan year, May – April, not reimbursed by medical and dental plans	Annual Amount
Medical expenses, such as:	
Deductibles, coinsurance and copayments	\$
Routine exams, school physicals, etc.	\$
Prescription drug copayments	\$
Smoking cessation programs or prescription medicines	\$
Over-the-counter medications	\$
Other eligible expenses	\$
Dental expenses, such as:	
Deductibles, coinsurance and copayments	\$
Orthodontia, braces, etc.	\$
Dentures, including replacements	\$
Vision care expenses, such as:	
Exams	\$
Eyeglasses or contacts	\$
Contact lens solutions	\$
Vision surgery	\$
Other qualified expenses	\$
Total Annual Estimated Health Expenses:	\$

The total gives you a good idea of the amount you could elect to place into your HFSA. Consider all other factors that will affect your out-of-pocket health care costs during the upcoming plan year, adjust the amount if necessary, and then record your election on the HFSA enrollment form. It's better to underestimate next year's expenses than to overestimate.